EXHIBIT C

UNITED STALLS BANKRUPTCY COURT	District of Nevada	22225 25 21 414		
Name of Dubtor USA COULDERRUHL	Case Number	PROOF OF CLAIM		
MORTGAGE CONTRANY	1			
NOTH This form should not be used to make a claim for an administrative expense material to the case.]			
Name of Creditor (The person or other entity to whom the debtor owes money or property) GARY I. I BARBARA L. MILLER TRUSTERS OF THE GARLIT BARBARA L. MILLER TRUST HATES. Name and address where notices should be sent	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars Check box if you have never received any			
GARY I MILLER	notices from the bankruptcy court in this case. Check box if the address differs from the			
205 HAGELES CALIF 9006 4 Telephone number 310 4797447	address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor	Check here replaces of this claim amends a previously file	ed claim dated		
1 Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other Services performed Money loaned Personal injury/wrongful death	Retiree benefits as defined in Wages salaries and compens Last four digits of your SS # Unpaid compensation for ser from	ation (fill out below)		
2. Date debt was incurred MARCH ZOO	3 If court judgment, date obtaine	d		
4 Classification of Claim Check the appropriate box or boxes the		t of the claim at the time case filed		
See reverse side for important explanations Unsecured Nonpriority Claim \$ 555, 683. Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority Unsecured Priority Claim	a right of setoff) Brief Description of Collate Real Estate Motor	Vehicle Other		
Check this box if you have an unsecured claim all or part of entitled to priority	which is	NKNOWN arges at time case filed included in		
Amount entitled to priority \$				
Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) (a)(1)(B)	Up to \$2 225* of deposits toward p or services for personal family or h § 507(a)(7) Taxes or penalties owed to governm	ousehold use 11 USC		
Wages salaries or commissions (up to \$10 000),* earned with days before filing of the bankruptcy petition or cessation of the debusiness whichever is earlier 11 USC \$507(a)(4)	in 180 Other - Specify applicable paragrap *Amounts are subject to adjustment on 4	h of 11 USC § 507(a)() 1/1/07 and every 3 years thereafter		
Contributions to an employee benefit plan - 11 USC & 507(· · · · · · · · · · · · · · · · · · ·		
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in ac	(unsecused) (secured) didition to the principal amount of the claim. Att	(priority) /(Total)		
interest or additional charges 6 Credits The amount of all payments on this claim has bee		THIS SPACE IS FOR COURT USE ONLY		
making this proof of claim 7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the				
documents are not available, explain. If the documents are vol. 8. Date-Stamped Copy To receive an acknowledgment of the addressed envelope and copy of this proof of claim.	FILED JAN 1 1 20			
Date Sign and print the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney if any)				
140 /1/M	TKUSTER	USA CMC		

DISTRICT OF NEVADA	³ PR(DOF OF CLAIM		
				IM IS SCHEDULED AS
Name of Debtcr	Case Number		Schedule/Claim ID	
USA Commercial Mortgage Company	06-10725-LBR		Amount/Classificati	, .
	1		\$1 100 28 Unsecur	ed +
NOTE See Reverse for List of Debtors and Case Numbers		<u> </u>	1	n t
This form should not be used to make a claim for an administrative examining after the commencement of the case. A request for payment		Check box if you are aware that anyone else has		ANAT?
administrative expense may be filed pursuant to 11 U S C § 503		filed a proof of claim relating to your claim. Attach copy of	The amounts reflect	ted above constitute your claim as
Name of Creditor and Address		statement giving particulars		ebtor or pursuant to a filed claim If imounts set forth herein and have no
NORMAN & CHARLENE PRINS REVOCABLE LIVING	01365	Check box if you have	other claim against t	the Debtor you do not need to file XCEPT as stated below
TRUST DATED 10/29/03		never received any notices from the bankruptcy court or] '	own above are listed as Contingent,
C/O NORMAN D PRINS & CHARLENE J PRINS TRUSTEES		BMC Group in this case	Unliquidated or Dis	sputed, a proof of claim must be
7425 W 104TH ST	İ	Check box if this address	filed	ady filed a proof of claim with the
BLOOMINGTON MN 55438 2114		differs from the address on the envelope sent to you by the	· '	r BMC you do not need to file again
Creditor Telephone Number (452) 441-3211 I D * 376		court	THIS SPACE	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	a proviouely f	filed claim dated
3198		If this claim amer		ned ciaim dated
1 BASIS FOR CLAIM	Retiree I	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation ((fill out below)	Other claims against service
Services performed Taxes	Last four	r digits of your SS #		(not for loan balances)
Money loaned	Unpaid o	compensation for services pe	erformed from	to
2 DATE DEBT WAS INCURRED	la IE C	OURT JUDGMENT, DATE O	DETAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations		SECURED CLAIM		
UNSECURED NONPRIORITY CLAIM \$			our claim is secure	ed by collateral (including
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the property securing it or if c) none or only part of you		a right of setoff)	Amesbury Bar US	ed by collateral (including
entitled to priority		Brief description of	collateral Mari	lten Square
UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	Other
entitled to priority		Value of Collateral	\$ ZLAK	incum by cred ter
Amount entitled to priority \$ Amount of arrearage ar			nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225 of deposits towa		
Wages salanes or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's	_	services for personal family of Taxes or penalties owed to go		• ,,,,
business whichever is earlier 11 U S C § 507(a)(4)	F	Other Specify applicable para		- , ,
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Amounts are subject to adjus		
5 TOTAL AMOUNT OF CLAIM \$ \$	117	with respect to cases commen	ced on or after the da	
AT TIME CASE FILED (unsecured)		\$ secured)	(pnonty)	\$ 117,058.72 + (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim. Attach ite	emized statement of	all interest or additional charges
- Interest due 1 - 3 loans from	Marl	- Apr 112 2006 1	\$ 1769-0	2
6 CREDITS The amount of all payments on this claim has been cre 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u>			- .	
running accounts contracts court judgments mortgages, security	agreemen	its and evidence of perfection	n of lien DO NO	T SEND ORIGINAL
DOCUMENTS If the documents are not available explain.			•	anyolong and conv of this
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e ming or y	your claim enclose a stampe	d seli addressed	envelope and copy of this
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships,		•		USE ONLY
governmental units)	•	,		
BY MAIL TO BMC Group	BMC Gro	_ <u>*</u>		TO LIALL O M GAAR
Attn USACM Claims Docketing Center P O Box 911 Attn USACM Claims Docketing Center 1330 East Franklin Avenue			LED NOV 2 7 2006	
El Segundo CA 90245 0911 El Segundo CA 90245				
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorn			P_	USA CMC
11-22-06 m	0 10	Norman		
- Mormon ring of	weene	Yms Charlena	FRS	1072501480

United States Bankruptcy Court	DISTRICT OF Nevada	DECOL OF CLAIM
Name of Debtor VSA COMMERCIAL WORTGAGE COMPANY	Case Number 06-10725-LBR	PROOF OF CLAIM
NOTE This form should not be used to make a claim for an administ of the cise. A request' for payment of an administrative expense may		
Name of Creditor (The person or other entity to whom the debtor owes money or property) SHEROW TRUST DATED 9/11/89	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received any	
Name and address where notices should be sent AARON OSHEROW, TRISTEE 2005. BRENTWOOD BLVD #9d ST LOUIS, MG 63105 Telephone number 314 72 6 22 88		
Telephone number Last four digits of account or other number by which creditor	address on the envelope sent to you by the court. Check here replaces	THIS SPACE IS FOR COURT USE ONLY
identifies debtor	,	claim dated
Goods sold Services performed Money loaned Personal injury/wrongful death Taxes See Exhibit A	Retiree benefits as defined in 11 Wages, salaries, and compensation Last four digits of your SS # Unpaid compensation for service from	on (fill out below)
Other Other	3. If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the		
Unsecured Nonpriority Claim \$544, 233.01 Check this box if a) there is no collateral or lien securing your b) your claim exceeds the value of the property securing it, or if c) ronly part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$	Brief Description of Collateral Real Estate Motor Very Value of Collateral Amount of arrearage and other charge secured claim if any \$6500 Up to \$2,225* of deposits toward purch or services for personal, family or hous \$507(a)(7) Taxes or penalties owed to governmental or services for personal paragraph of *Amounts are subject to adjustment on 4/1/0	chicle Other————————————————————————————————————
Check this box if claim includes interest or other charges in add interest or additional charges	(unsecuted) (secured) (printing to the principal amount of the claim. Attach	ority) (Total) itemized statement of all
making this proof of claim Supporting Documents Attach copies of supporting docume orders invoices, itemized statements of running accounts, contragagreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are volum Date Stamped Copy. To receive an acknowledgment of the file.	ents, such as promissory notes, purchase acts court judgments, mortgages, security DORIGINAL DOCUMENTS If the minous, attach a summary	FILED JAN 10 2
addressed envelope and copy of this proof of claim Date Sign and print the name and title if any of the file this claim (attach copy of power in attorn (att	the creditor or other person authorized to mey, of any Trucklee RCW, TROSTEE	USA CMC

	Dayway Corps	Den	TRIOT	on Name		
UNITED STATES	BANKRUPICY COURT	Dis	TRICT	OF Nevad	a	PROOF OF CLAIM
Name of Dubtor		Case	Number		-	7 , 13 37 37 37 37 37 37 37 37 37 37 37 37 37
USA CO	mmercial Mortgage Compa	14			25-LB1	6
	ould not be used to make a claim for an adminis					
of the case A reque	est for payment of an administrative expense ma	ly be med	pursuan	I W II U S C	יטר פ	
Name of Creditor (Th	he person or other entity to whom the	Che	ck box	if you are awa	are that anyone	
debtor owes money of	•				laim relating to	
	• • •				of statement	
Paul Uster	-, an unmarried man	givi	ng parti	Lulars		
Name and address w	there notices should be sent				ever received an	
Paul Oste		1		n the bankrup	otcy court in this	
PL BOX 2	618 ch 93546	Che		if the address	differs from the	
Mammoth	618 Lakes, CA 93546				sent to you by	
Telephone number	760 934-3026		court.			THIS SPACE IS FOR COURT USE ONLY
Last four digits of ac-	count or other number by which creditor	Che	ck here			
identifies debtor		ıf th	ıs claın	amends	a previously f	iled claim dated
1 Dame 6- Class		<u> </u>				
1 Basis for Clai						11 U S C § 1114(a)
Goods so			Ш	wages saiari Last four die	es and compen its of your SS #	sation (fill out below)
Money lo	performed					rvices performed
	injury/wrongful death					-
1 —			1	rom	(date)	to(date)
Other —	See Exhibit A				(date)	(date)
2 Date debt was	e manmod	3.	If co	urt indomer	it, date obtain	od.
	st 16, 2004		11 00	ar i Juugmei	it, tate obtain	su .
	Claim Check the appropriate box or boxes th	at best des			state the amou	nt of the claim at the time case filed
Unsecured Norma	for important explanations riority Claim \$ 150,000 00		Secu	ired Claim		
f r			I M	Check this l	oox if your clain	is secured by collateral (including
Check this box	t if a) there is no collateral or lien securing you did the value of the property securing it, or if c)	r claım, or	a rig	ht of setoff)	, , , , , , , , , , , , , , , , , , ,	
only part of your cla	arm is entitled to priority	none of		Drugf Dagor	ption of Collate	wal
Ilmes and Description	. (*		1			r Vehicle Other
Unsecured Priority						Venicle U Onei
Check this box	if you have an unsecured claim all or part of v	vhich is		Value of Co		and the state of t
entitled to priority			Amo	ount of arrear	age and other ch	arges <u>at time case filed</u> included in
Amount entitled to p	priority \$		secu	red claim if	any \$ 7,0	242,00
Specify the priority of the	he claum		I les en l	to 225* -£ 4.		urchase lease, or rental of property
			or serv	az,zzo oi de ices for nerse	eposus toward p onal family or	urchase lease, or rental of property nousehold use - 11 U S C
Domestic suppor	rt obligations under 11 USC \ 507(a)(1)(A) o	r	§ 507(
(a)(1)(B)		П	Taxes	or penalties o	wed to governn	nental units - 11 U S C § 507(a)(8)
Wages salaries	or commissions (up to \$10,000),* earned within	n 180 🗖				th of 11 USC § 507(a)()
business whichever i	the bankruptcy petition or cessation of the debt is earlier - 11 U S C § 507(a)(4)	ors 🔲				
						1/1/07 and every 3 years thereafter or after the date of adjustment
Contributions to	o an employee benefit plan - 11 USC § 507(a)(5)	WILL FE	apeci io case	a Commencea of	or after the date of augustnient
5 Total Amount	t of Claim at Time Case Filed	\$	154,	082 13	54.082	154,082
		_	(unsec	ured)	(secured)	(priority) (Total)
Check this box interest or addition	f claim includes interest or other charges in add	lition to th	e princi	pal amount o	of the claim Att	ach itemized statement of all
4 6 5	······································					
1100	amount of all payments on this claim has been	credited a	ind ded	ucted for the	purpose of	THIS SPACE IS FOR COURT USE ONLY
making this proof						
7 Supporting Doc	cuments. Attach copies of supporting docum	ents, such	as pron	nssory notes	, purchase	
orders invoices itemized statements of running accounts contracts court judgments, mortgages, security						
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the						
documents are not available explain. If the documents are voluminous, attach a summary						
8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self-						
addressed envelope and copy of this proof of claim					LED JAN 11 2007	
Date	Sign and print the name and title if any, of the file this claim (attach copy of power of attor	he creditor	r or oth	er person aut	horized to	§ ince tone
1-0-07	and stand (attach copy of power of atto)	mey, if any	()		•	USA CMC
1-8-07	Pauloster					01 M 61 11 N 16 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M
	/ www.					**************************************

UNITED STATES BANKRUPTCY COURT	PROOF OF	11 15:34:2 CLAIM		AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim iD s32195	
USA Commercial Mortgage Company	U6-1U/25-LBH		Amount/Classification \$12 285 97 Unsecured	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment administrative expense may be filed pursuant to 11 U S C § 503 Name of Creditor and Address 129244900 OSVALDO ZUNINO LIVING TRUST DATED 12/18/98 C/O OSVALDO ZUNINO TRUSTEE 3575 TIOGA WAY LAS VEGAS NV 89109 3340 Creditor Telephone Number ()	of an aware that ar filed a proof of to your claim statement given the bank of the control of th	ox if you are nyone else has of claim relating Attach copy of ring particulars ox if you have ed any notices kruptcy court or in this case ox if this address he address on the it to you by the	scheduled by the D you agree with the other claim against this proof of claim I if the amounts she Unliquidated or D filed If you have alre Bankruptcy Court	cted above constitute your claim as bebtor or pursuant to a filed claim. If amounts set forth herein and have not the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, Isputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again SE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor Check he	·- == ^.	 a previously 	filed claim dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)	Retiree benefits as de Wages, salaries and Last four digits of you Unpaid compensation	compensation ir SS #	(fill out below)	Unremitted principal Other claims against service (not for loan balances)
2 DATE DEBT WAS INCURRED	3 IF COURT JUDG	MENT. DATE (BTAINED	(date) (date)
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that				time case filed
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim or b) you exceeds the value of the property securing it or if c) none or only part of you entitled to priority	our claim r claim is a r	RED CLAIM leck this box if y light of setoff) ef description of		red by collateral (including
UNSECURED PRIORITY CLAIM Check this how from how on unsecured claim, all or part of which is	1	_	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		lue of Collateral		KNOWN
Amount entitled to priority \$			nd other charges	at time case filed included in
Specify the priority of the claim		d claim if any	00 0	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	services for Taxes or pe Other Spec	personal family on nalties owed to go cify applicable para are subject to adjus	r household use 11 vernmental units 1 agraph of 11 U S C	1 U S C § 507(a)(8) § 507(a) () d every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ \$	620,000			\$ 620,000
AT TIME CASE FILED (unsecured) Check this box if claim includes interest or other charges in addition to the	(secured) e principal amount of the	claım Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cree 7 SUPPORTING DOCUMENTS <u>Attach copies of supporting documents</u> running accounts contracts court judgments, mortgages security a DOCUMENTS If the documents are not available, explain If the o	<u>iments,</u> such as promis agreements and evide locuments are volumin	ssory notes pur nce of perfectio ous attach a su	chase orders, inv n of lien DO NO immary	oices itemized statements of OT SEND ORIGINAL
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of your claim ei	nclose a stampe	d self addressed	d envelope and copy of this
The original of this completed proof of claim form must be sen ACCEPTED)	t by mail or hand del	vered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BMC Group Attn USACM Claims Docketing Center P O Box 911	BY HAND OR OVERNIG BMC Group Attn USACM Claims I 1330 East Franklin Av El Segundo CA 9024	Docketing Cente		LED JUN 18 2007
DATE SIGN and print the name and title if any of the this claim (attach copy of power of attorned System) Supplied Turns	creditor or other person a ey if any) i	uthorized to file		USA CMC 1072502550

Case 06-10725-gwz Doc 8349-3 Entered 05/09/11 15:34:25 Page 7 of 11 UNITED STATES BANKRUPTCY COURT PROOF OF CLAIM DISTRICT OF NEVADA Schedule/Claim ID s31346 Case Number Name of Debtor Amount/Classification **USA Commercial Mortgage Company** 06-10725-LBR \$19 427 69 Unsecured NOTE See Reverse for List of Debtors and Case Numbers Check box if you are This form should not be used to make a claim for an administrative expense aware that anyone else has arising after the commencement of the case. A "request for payment of an filed a proof of claim relating administrative expense may be filed pursuant to 11 USC § 503 The amounts reflected above constitute your claim as to your claim Attach copy of scheduled by the Debtor or pursuant to a filed claim. If Name of Creditor and Address statement giving particulars you agree with the amounts set forth herein and have no 11321240000623 other claim against the Debtor you do not need to file this proof of claim EXCEPT as stated below Check box if you have CESARI PIAZZA IRA never received any notices 1401 MONTEREY DR from the bankruptcy court or If the amounts shown above are listed as Contingent, BOULDER CITY NV 89005 2224 BMC Group in this case Unliquidated or Disputed, a proof of claim must be Check box if this address If you have already filed a proof of claim with the differs from the address on the envelope sent to you by the Bankruptcy Court or BMC you do not need to file again THIS SPACE IS FOR COURT USE ONLY Creditor Telephone Number (Last four digits of account or other number by which creditor identifies debtor replaces Check here a previously filed claim dated _ or amends if this claim. 1 BASIS FOR CLAIM Retiree benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal Goods sold Personal injury/wrongful death Other claims against servicer Wages salaries and compensation (fill out below) (not for loan balances) Services performed ☐ Taxes Last four digits of your SS # Other (describe bnefly) Money loaned Unpaid compensation for services performed from to (date) (date) 2 DATE DEBT WAS INCURRED 3 IF COURT JUDGMENT, DATE OBTAINED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best describe your claim and state the amount of the claim at the time case filed See reverse side for important explanations SECURED CLAIM Check this box if your claim is secured by collateral (including Check this box if a) there is no collateral or lien securing your claim or b) your claim a right of setoff) exceeds the value of the property securing it or if c) none or only part of your claim is entitled to priority Brief description of collateral UNSECURED PRIORITY CLAIM Real Estate Motor Vehicle Other Check this box if you have an unsecured claim, all or part of which is entitled to priority Value of Collateral Amount entitled to priority Amount of arrearage and other charges at time case filed included in secured claim, if any \$ Specify the priority of the claim Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Up to \$2 225 of deposits toward purchase lease or rental of property or services for personal family or household use 11 USC § 507(a)(7) Wages salanes or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's Taxes or penalties owed to governmental units 11 U S C § 507(a)(8) business whichever is earlier 11 U.S.C. § 507(a)(4) Other Specify applicable paragraph of 11 U S C § 507(a) (_ Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5) * Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment 5 TOTAL AMOUNT OF CLAIM 00050 AT TIME CASE FILED (unsecured) (secured) (priority) (Total) Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes purchase orders, invoices, itemized statements of running accounts contracts court judgments, mortgages security agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim enclose a stamped self addressed envelope and copy of this proof of claim The original of this completed proof of claim form must be sent by mail or hand delivered (FAXES NOT THIS SPACE FOR COURT ACCEPTED) so that it is actually received on or before 5 00 pm, prevailing Pacific time, on November 13, 2006 **USE ONLY** for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and governmental units) BY MAIL TO BMC Group BY HAND OR OVERNIGHT DELIVERY TO BMC Group FILED OCT 23 2006 Attn USACM Claims Docketing Center Attn USACM Claims Docketing Center P O Box 911 1330 East Franklin Avenue El Segundo CA 90245 0911 El Segundo CA 90245 DATE SIGN and print the name and title if any of the creditor or other person authorized to file USA CMC this claim (attach copy of power of attorney if any)

LAZZQ

UNITED STATES BANKRUPTCY COURT	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA COMMERCIAL MORTGAGE CO	, recor or obtain	
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		7
Name of Creditor (The person or other entity to whom the debtor owes money or property) R. L. ALLGEIER FAMILY TRUST DATES 10/4 1997 Name and address where notices should be sent ROBERT ALLGEIER TO SHAMIZCER GIRCLE	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. Check box if you have never received an notices from the bankruptcy court in this case.	y s
Telephone number 775/782-6634	Check box if the address differs from the address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	Check here Vreplaces if this claim amends a previously f	iled claim dated 12/12/06
I Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in Wages salaries and comper Last four digits of your SS # Unpaid compensation for se from	sation (fill out below) f rvices performed
2 Date debt was incurred 6 15 2004 - 4/12/2006	3 If court judgment, date obtain	ed
4 Classification of Claim Check the appropriate box or boxes the See reverse side for important explanations Unsecured Nonpriority Claim \$	Secured Claim Check this box if your claim a right of setoff) Brief Description of Collate Real Estate Moto Value of Collateral \$\square\$ Amount of arrearage and other changes are claim, if any \$\square\$ Up to \$2 225* of deposits toward por services for personal family or \$507(a)(7) Taxes or penalties owed to governing or \$507(a)(7) Taxes or penalties owed to governing or \$4mounts are subject to adjustment on with respect to cases commenced on \$10(5)	peral or Vehicle Other parges at time case filed included in the case filed including included in the case filed included
5 Total Amount of Claim at Time Case Filed Check this box if claim includes interest or other charges in additional charges	(unsecured) (secured)	(priority) (Total)
6 Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents orders invoices itemized statements of running accounts contra agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluing addressed envelope and copy of this proof of claim.	ents, such as promissory notes purchase acts court judgments mortgages, security FID ORIGINAL DOCUMENTS If the minous attach a summary	THIS SIMOL IS FOR COURT USE ONLY ED JAN 12 2007
Date Sign and print the name and title if any of the file this plain (attach copy of power of attor	mey if any)	USA CMC

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIR	VI	
Name of Debtor	Case No	umber		
USA Commercial Martgage Co.	06	-10725-LB	R	
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expansing after the commencement of the case A "request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relatin		
Name of Creditor and Address Rebecca A Rogers Trustee Rebecca A Rogers Trustee Rebecca A Rogers Trustee Las Vegas, NV 89134 Creditor Telephone Number (po) & 4 0794	9/18/96	your claim Attach copy of statement giving particulars Check box if you have never received any notices from the bankruptcy court of BMC Group in this case Check box if this addresdiffers from the address on envelope sent to you by the court	DO NOT FILE TI SECURED INTE ONE OF THE DE if you have all Bankruptcy Cour	HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT EBTORS ready filed a proof of claim with the t or BMC you do not need to file again CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies $CI_1en+ID = 3093$ $AccfID = 3663$		offect field	eplaces or a previously mends	y filed claım dated
1 BASIS FOR CLAIM Goods sold Personal injury/wrongful death Taxes Money loaned Other (describe briefly)] Wages Last fou	benefits as defined in 11 t salaries and compensation of digits of your SS # compensation for services	on (fill out below)	Unremitted principal Other claims against service (not for loan balances) to (date) (date)
2 DATE DEBT WAS INCURRED 2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that		OURT JUDGMENT, DAT		
See reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$ 27 4, 442 59 Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority UNSECURED PRIORITY CLAIM Check this box if you have an unsecured claim all or part of which is entitled to priority Amount entitled to priority \$ Specify the priority of the claim	your claım	SECURED CLAIM Check this box a right of setoff, Brief description Real Estate Value of Collate	If your claim is secu on of collateral Motor Vehicle eral \$ und e and other charges	e Other
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000)* earned within 180 days before filling of the bankruptcy petition or cessation of the debtor's business whichever is earlier - 11 U S C § 507(a)(4) Contributions to an employee benefit plan 11 U S C § 507(a)(5)	` [ily or household use o governmental units - paragraph of 11 U S (adjustment on 4/1/07 a	11 U S C § 507(a)(7) 11 U S C § 507(a)(8) C § 507(a) () nd every 3 years thereafter
5 TOTAL AMOUNT OF CLAIM \$ 2.74, 442.59 \$ AT TIME CASE FILED (unsecured)	2744	with respect to cases com 42,59 \$ secured)	menced on or after the	\$ 274442 59 (Total)
Check this box if claim includes interest or other charges in addition to the	ne principal	amount of the claim Attach	n itemized statement o	, ,
CREDITS The amount of all payments on this claim has been crec SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts contracts court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the documents are not available explain. If the documents are not of claim. B DATE-STAMPED COPY To receive an acknowledgment of the proof of claim.	<u>uments,</u> su agreement documents	uch as promissory notes is and evidence of perfec are voluminous attach a	purchase orders inv tion of lien DO NC summary	voices itemized statements of OT SEND ORIGINAL
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center P O Box 911 El Segundo CA 90245-0911	BY HAND BMC Gro Attn USA 1330 Eas	ng Pacific time, on Nave ons, joint ventures trusts OR OVERNIGHT DELIVERY	mbor 13, 2006 s and 1~13, 2007 TO	THIS SPACE FOR COURT USE ONLY 007 D JAN L 0 2007 JAN 1 0 2007
DATE 9 2007 SIGN and print the name and title if any of the tries claim (attach copy of power of attorn	e creditor o		ile	USA CMC

Case 06-10/25-gwz Do <u>c 8349</u> -	<u>-3 Ent</u>	<u>ered 05/09/11 15:3</u>	34:25 Pao	<u>le 10 of 11</u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PROOF OF CLAIM			AIM IS SCHEDULED AS
Name of Debtor	Case Number		Schedule/Claim IE	s32342
			Amount/Classifica	ition
USA Commercial Mortgage Company	06-107	25-LBK	\$50 167 22 Unsec	cured
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative examining after the commencement of the case A 'request for payment administrative expense may be filed pursuant to 11 U S C § 503	of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		sted above constitute your claim as
Name of Creditor and Address 129244900 RICHARD N KRUPP 101 STATE PL STE I ESCONDIDO CA 92029 1365	002603	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	you agree with the other claim against this proof of claim I If the amounts sh- Unliquidated or D filed If you have alre	Debtor or pursuant to a filed claim. If amounts set forth herein and have no at the Debtor you do not need to file EXCEPT as stated below own above are listed as Contingent, isputed, a proof of claim must be eady filed a proof of claim with the or BMC you do not need to file again.
Creditor Telephone Number ()		court	THIS SPAC	E IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replain rep		filed claim dated
1 BASIS FOR CLAIM	Retiree be	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death		alaries and compensation		Other claims against servicer
Services performed Taxes	,	digits of your SS #		(not for loan balances)
☐ Money loaned ☐ Other (describe briefly)		ompensation for services pe	rformed from	to
20 7 6				(date) (date)
2 DATE DEBT WAS INCURRED AND Check the appropriate box or boxes that	HM8 IF CC	OURT JUDGMENT, DATE O	DBTAINED	A CONTRACTOR OF THE CONTRACTOR
See reverse side for important explanations	best describe		nt of the claim at the	e time case filed
UNSECURED NONPRIORITY CLAIM \$ 50 16 1.22	= 410	SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) y exceeds the value of the properly securing it or if c) none or only part of you	our claim ur claim is	a right of setoff)	our claim is secu	red by collateral (including
entitled to priority		Brief description of	collateral	
UNSECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	_ \$	
Amount entitled to priority \$		Amount of arrearage a	nd other charges	at time case filed included in
Specify the priority of the claim		secured claim if any	\$	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000) earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		services for personal family o		* * * * * * * * * * * * * * * * * * * *
business whichever is earlier 11 U S C § 507(a)(4)	H	Taxes or penalties owed to go Other Specify applicable para		
Contributions to an employee benefit plan 11 USC § 507(a)(5)		* Amounts are subject to adjus	• .	
TOTAL MOUNTOF CLASS	63 41 A	with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ 50, 167.22 \$	200	1		_\$ 250,000 <u></u>
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured) amount of the claim Attach ite	(pnonty) emized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cre	edited and d	leducted for the purpose of i	making this proof	of claim
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting doc</u> running accounts contracts court judgments, mortgages, security	agreement	s and evidence of perfectio	n of lien DO NO	oces itemized statements of OT SEND ORIGINAL
DOCUMENTS If the documents are not available explain. If the			•	d amiralana arad aasaa (1)
8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim		•		u envelope and copy of this
The original of this completed proof of claim form must be set ACCEPTED)	nt by mail o	or hand delivered (FAXES	NOT	THIS SPACE FOR COURT USE ONLY
BY MAIL TO	BY HAND C	OR OVERNIGHT DELIVERY TO		
BMC Group Attn USACM Claims Docketing Center	Attn USA	ıp CM Claıms Docketing Cente	er	6
P O Box 911	1330 East	Franklın Avenue	" FILED .	IUN 0 4 2007
El Segundo CA 90245 0911	El Segund	lo CA 90245	t II Press (szon Ses)	USA CMC
SIGN and print the name and title if any of the this claim (attach copy of power of attorn		other person authorized to file Purpage N.	Bruss	1072502496
	<u> </u>	V - 1 1 1 V	1 1 1	

FORM DIG (Official Form 10) (10/03)		
United States Bankruptcy Court SOUTHERN	_ DISTRICT OF NEVADA	PROOF OF CLAIM
Name of Debtor USA COMMERCIAL MORTGAGE COMPANY	Case Number BK-S-06-10725 LBR	
NOTE This form should not be used to make a claim for an administrative of the case. A "request" for payment of an administrative expense may be filed put.]
Name of Creditor (The person or other entity to whom the debtor owes money or property) ROBERT J ROWLEY & KATHLEEN M ROWLEY LIVING TST	Check box if you are aware that anyone else has filed a proof of claim relating to your claim	
Name and address where notices should be sent.	Attach copy of statement giving particulars Check box if you have never	
c/o Peter Susı, Esq Mıchaelson, Susı & Mıchaelson	received any notices from the bankruptcy court in this case	
7 West Figueroa Street, 2nd Floor Santa Barbara, CA 93101	Check box if the address differs from the address on the envelope	
Telephone number (805) 965-1011	sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor N/A	Check here replaces replaces a previous	nsly filed claim, dated
1 Basis for Claim Goods sold	Retiree benefits as defined in 11 L	
Services performed	Wages, salaries, and compensation	n (fill out below)
Money loaned Personal mjury/wrongful death	Last four digits of SS # Unpaid compensation for services	nerformed
Taxes	from(date)	to
X Other See attached	(date)	(date)
2 Date debt was incurred Unmatured see attached	3 If court judgment, date obtain	ned
4 Classification of claim Check the appropriate box or boxes that best		he claim at the time case filed
See reverse side for important explanations Unsecured Nonpriority Claim \$ 160,000	Secured Claim	
Check this box if a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is entitled to priority	cured by collateral (including a	
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of which is	Real Estate M	fotor Vehicle
entitled to priority Amount entitled to priority \$	Value of Collateral \$	
Specify the priority of the claim	Amount of arrearage and other charges a secured claim, if any \$	t time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward pur property or services for personal, fam	
Wages, salaries, or commissions (up to \$10,000),* earned within 180 days before filing of the bankruptcy petition or cessation of the	§ 507(a)(7) Taxes or penalties owed to government	ntal units - 11 U S C § 507(a)(8)
debtor's business, whichever is earlier - 11 U S C § 507(a)(4)	* Imounts are subject to adjustment on -1/1/07 an	* ' '
Contributions to an employee banefit plan - 11 U S C § 507(a)(5) 5 Total Amount of Claim at Time Case Filed \$ 160,00	respect to cases commenced on or after	the date of adjustment 160,000
(uns Check this box if claim includes interest or other charges in addit	secured) (secured)	(priority) (Total)
nterest or additional charges 8. Credits The amount of all payments on this claim has been credited a	and deducted for the purpose of making	THIS SPACE IS FOR COURT USE ONLY
this proof of claim 9 Supporting Documents Attach copies of supporting documents su	ch as promissory notes, purchase	Filed Date.
orders, invoices, itemized statements of running accounts, contracts, court judgments, and evidence of perfection of her DO NOT SEND ORIGINA	tiled Nate. 10/3/2006	
documents are not available explain. If the documents are voluminous, atta 10 Date-Stamped Copy To receive an acknowledgment of the filing of	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
self-addressed envelope and copy of this proof of claim		1104 Over
August 25, 2006 Sign and print the name and title, if any, of the credit this claim (attach copy of power of attorner, if any)	1	USA CMC